

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Louisa</i> Town		<i>P.B.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>29</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>P.B. & Ind.</i>		
Occupation <i>Home Land</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Judith Allen</i>				
Father's Name <i>Sam'l Knapp</i>	Father's Birthplace <i>Sam'l Knapp</i>				
Mother's Maiden Name <i>Sam'l Knapp</i>	Mother's Birthplace				
Name of person giving information <i>C.H. Allen</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropsy</i>	(19)	How long <i>Several Months</i>
Immediate <i>Dropsy</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Carroll</i>	Address <i>Springfield, Mo.</i>
Accident or Suicide? <i>No</i>		

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

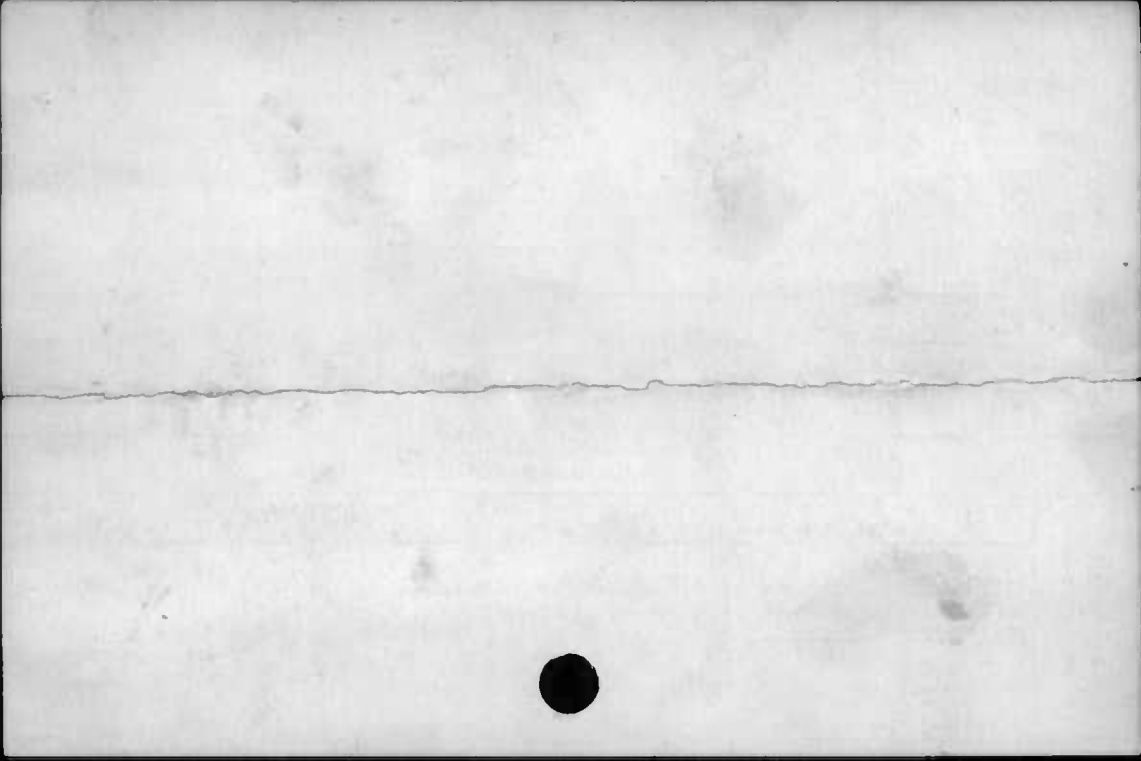
Died at <i>Bowie</i> (Town)		<i>Prince George</i> County		MARYLAND	
Date of death	1906	Month	May	Day	23
Age	67	Years		Months	
Sex	Male	Color or Race	White	Birth-place	<i>Carroll Co. Pa.</i>
Occupation	<i>Farmmer</i>		Where Residing If not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Elen E. Bosier</i>			
Father's Name	<i>Daniel Bosier</i>		Father's Birthplace <i>Carroll Co. Pa.</i>		
Mother's Maiden Name	<i>Ann T. Bosier</i>		Mother's Birthplace <i>Carroll Co. Pa.</i>		
Name of person giving information	<i>James L. Bosier</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Heart disease</i>	How long	<i>several years</i>
Immediate	<i>Cardiac Arrest</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. D. Overall M.D.</i>
		Address	<i>Spring Field</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

CERTIFICATE OF DEATH

John A. Brady

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Collington				Prince George			
Date of death		Month	Day	Age	Years	Months	Days
1906		May	12	50			
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Farm Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Rose E. Henry		
Father's Name	Joseph Brady				Father's Birthplace	Maryland	
Mother's Maiden Name	Don't know				Mother's Birthplace		
Name of person giving information	John Brady				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Alcoholism	How long	Not known
Immediate	Chronic Alcoholism	How long	Not known
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. A. R. Walker,	
		Address	
		Halls, Md.	
Accident or Suicide?			



Name

is
Full

CERTIFICATE OF DEATH

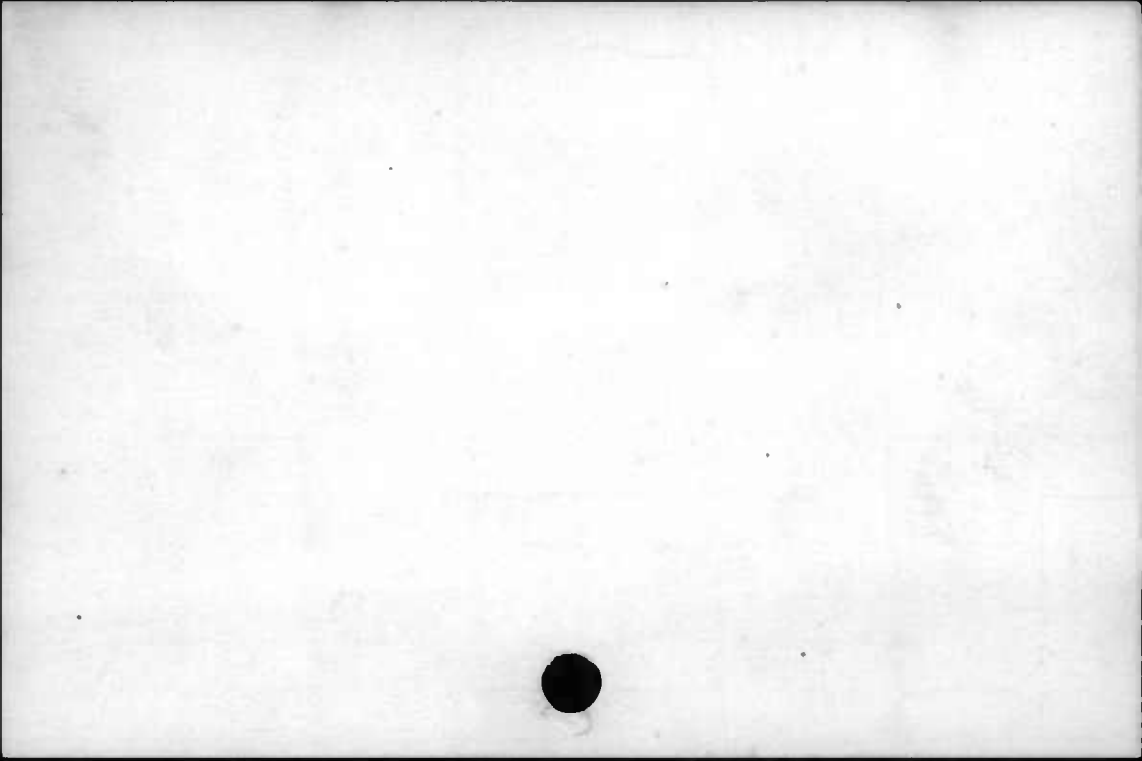
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calor Bray</i>		Town <i>Muirkin</i>		County <i>Prince Geo.</i>		MARYLAND	
Date of death	1906	Month	May	Day	21	Age	70
Sex	Male	Color or Race	black	Birthplace	N. Carolina		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Isabel Bray</i>			
Father's Name	not ascertained				Father's Birthplace <i>N.C.</i>		
Mother's Maiden Name	" " "				Mother's Birthplace <i>N.C.</i>		
Name of person giving information	<i>Regin Lancaster</i>				How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>not determined</i>	<i>179</i>	How long	<i>several months</i>
Immediate	<i>Ashtenia</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<i>yes</i>		<i>W. F. Taylor</i>	<i>Laurel Md</i>	
Accident or Suicide? <i>2</i>				



Name
in
Full

Daniel Cantrell

CERTIFICATE OF DEATH

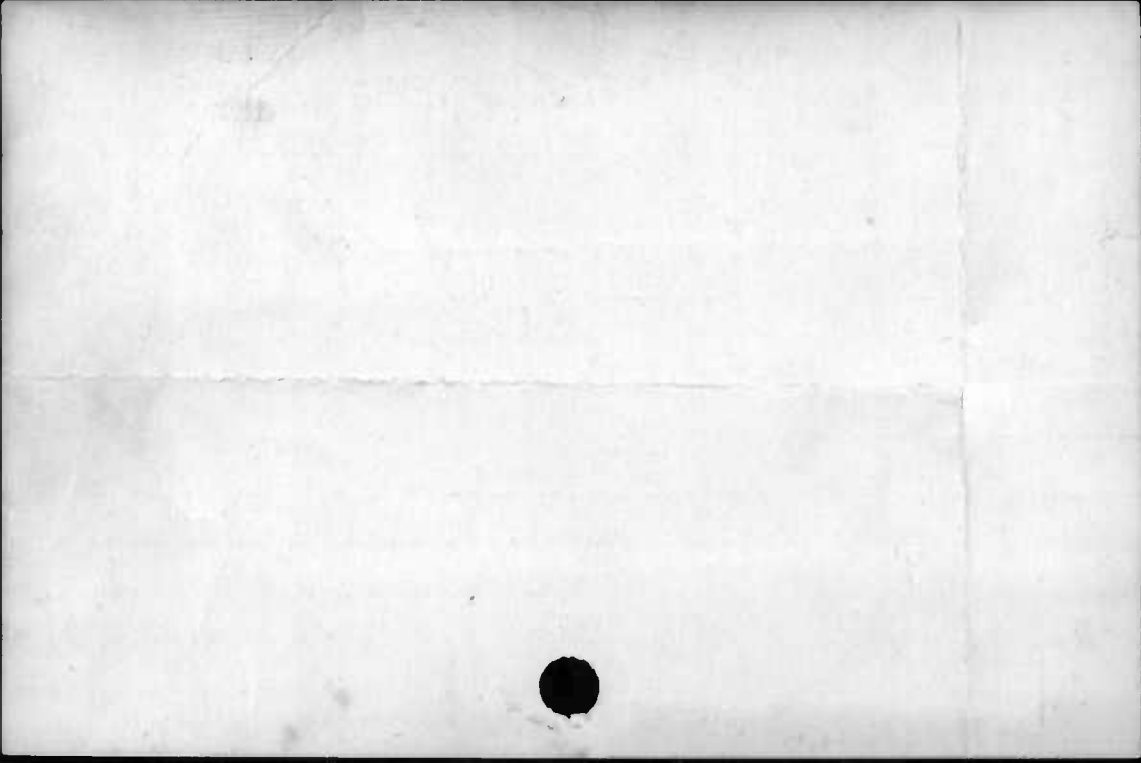
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ammenade</i> Town		<i>Prince Georges</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>20</i>	Years <i>69</i>	Months <i>3</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Teacher</i>			Where Residing if not at place of death <i>at Ammenade</i>		
Married , Single or Widowed		Name of Wife or Husband			
Father's Name <i>Don't Know. Was a chistian</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Brs Chambers</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>about 5 months</i>
Immediate <i>Ureamic Coma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. A. Fox</i>
	Address <i>Benson Mass</i>
Accident or Suicide?	



Name
in
Full

Male Carrace

CERTIFICATE OF DEATH

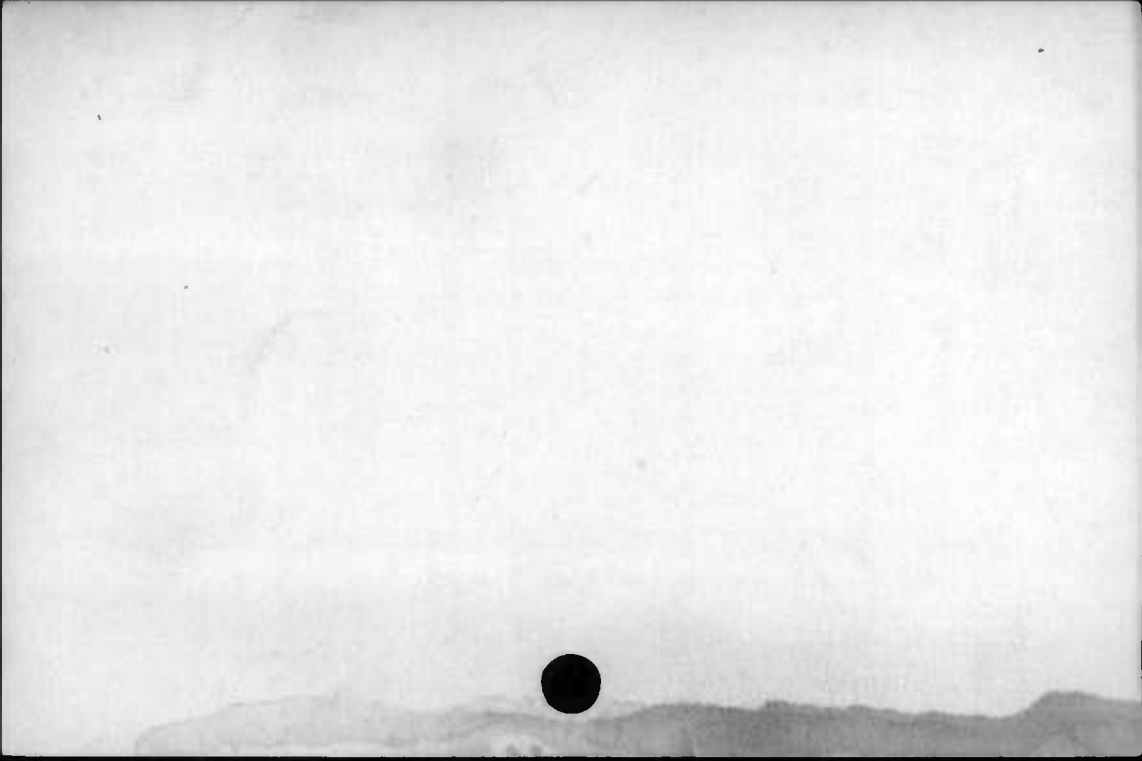
TO BE ANSWERED BY
NEAREST FRIEND

Died at North King Town		P. 4. County		MARYLAND	
Date of death 1906	Month May	Day 19	Age 13	Months	Days
Sex Female	Color or Race Colored	Birth-place Mid			
Occupation School girl		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Benjamin Carrace	Father's Birthplace Mid				
Mother's Maiden Name Jane Crawford	Mother's Birthplace Mid				
Name of person giving information James Carrace	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	(27)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W. H. Gibbons	
	Address Crown rd	
Accident or Suicide?		



Name
In
Full

Julia Ford Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leeland		County Prince George		MARYLAND	
Date of death		1906	Month May	Day 23	Years 38	Months 1	Days 19
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Owen Davis			
Father's Name	Samuel Ford					Father's Birthplace	Maryland
Mother's Maiden Name	Martha Phipps					Mother's Birthplace	Maryland
Name of person giving information	Owen Davis					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	4 or 5 years
Immediate	Myocarditis		How long	1 month
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. A. R. Walker
			Address	Halls, Md.
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

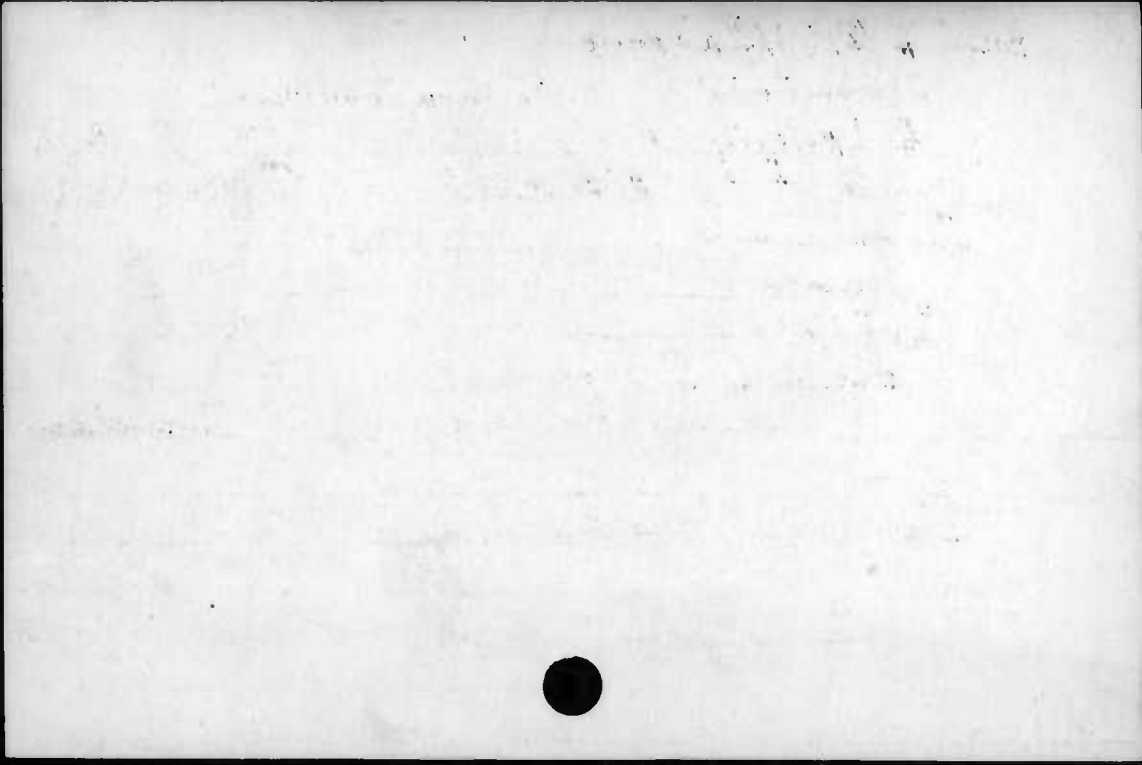
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brown</i> Town		<i>P. H.</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>May</i>	Day <i>47</i>	Years <i>25</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>P. H. Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jacob Duckett</i>				
Father's Name <i>Frank Purde</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Adeline Hard</i>	Mother's Birthplace <i>P. H. Co. Md.</i>				
Name of person giving information <i>Jacob Duckett</i>	How related to deceased <i>Her husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>General months</i>
Immediate <i>Aspiration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. M. Orville M.D.</i>
<i>Yes</i>	Address <i>Springfield Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Alma B Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near Tuxedo* ^{Town} *Prince George* ^{County} **MARYLAND**

Date of death *1906* ^{Month} *May* ^{Day} *4th* ^{Years} *2* ^{Months} *6* ^{Days}

Sex *female* Color or Race *colored* Birth-place *Calvert County*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
Husband

Father's Name *Walter Frazier*

Father's Birthplace *Calvert County Md*

Mother's Maiden Name *Francis*

Mother's Birthplace *Calvert Co Md*

Name of person giving information *Walter Frazier*

How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

*Bonded*How long *four hours*

Are the name, age, sex, color, date
and place correctly given above?

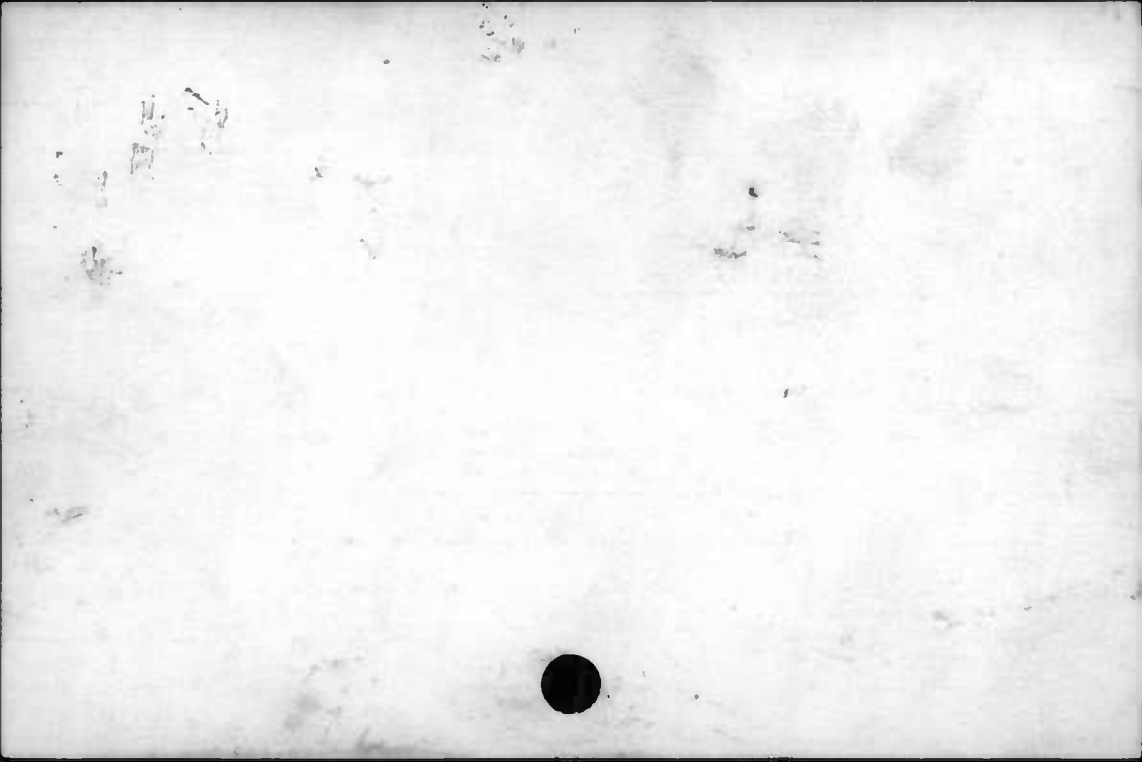
yes

Signature of
Physician

Address

*Augustus H. Dahler J.P.**Bladensburg Md*

Accident or Suicide?



Name
in
Full

Richard Maurice Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cheltenham ^{Town} House of Reformatory P. S.		County		MARYLAND	
Date of death		Month	Day	Years	Months		Days
1906		May	11	Age 19			
Sex	male		Color or Race	colored		Birth-place	Md
Occupation	Lumate		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Harry Green				Father's Birthplace	Md	
Mother's Maiden Name	Clara Johnson				Mother's Birthplace	md	
Name of person giving information	J. B. Pyles				How related to deceased	niece	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long
Immediate	Asthma		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. H. P. Jones	
		Address	
		Crane Md	
Accident or Suicide?			



Name
in
Full

Eliza Johnson Hawkins

CERTIFICATE OF DEATH

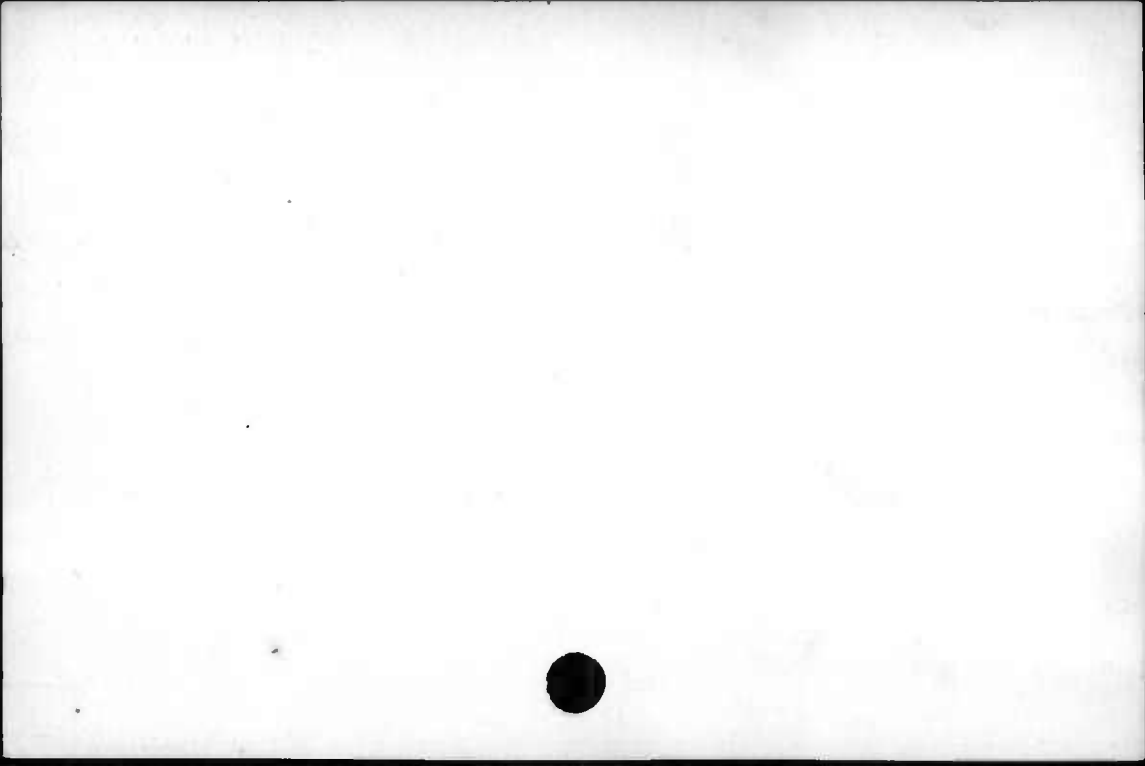
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleington</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>22</u>	Age <u>42</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Coloured</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William Hawkins</u>				
Father's Name <u>Frank Johnson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Nancy Giny</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Robert Giny</u>	(93)		How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>5 days</u>
<u>Asthma</u>	How long <u>1 day</u>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. A. R. Walker</u>
	Address <u>Halls, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Morris Henson

CERTIFICATE OF DEATH

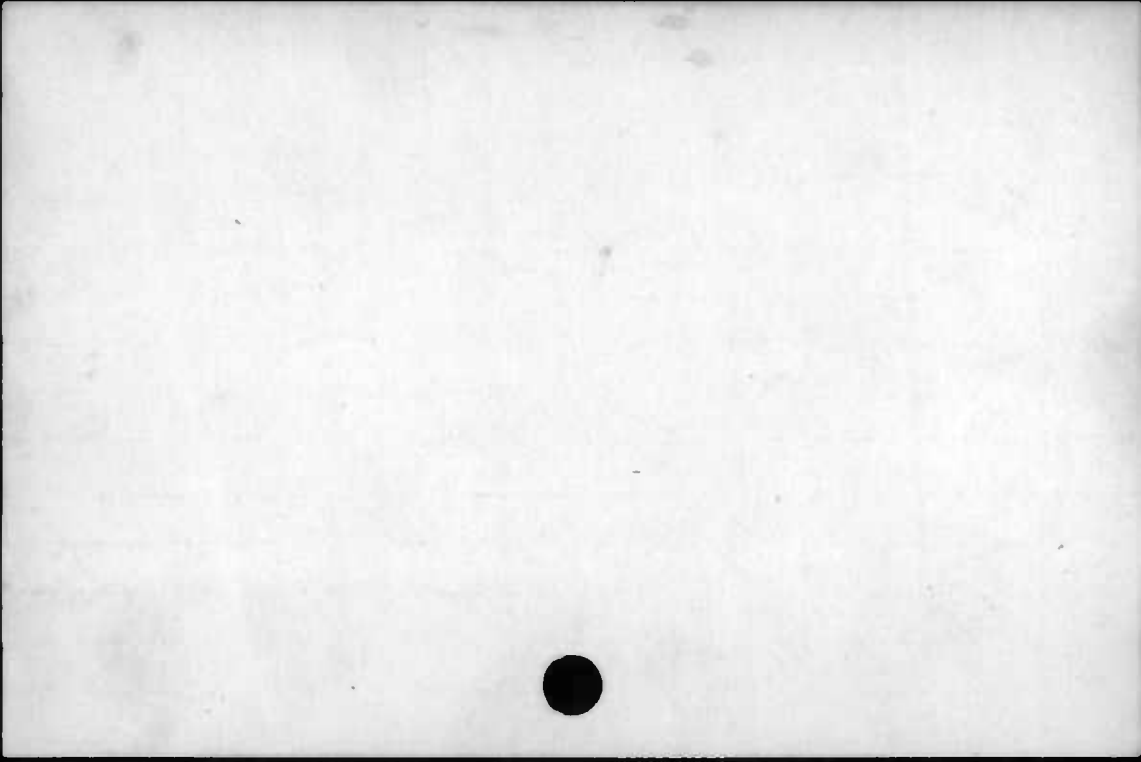
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxon Hill</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>9</i>	Age <i>18</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		
Occupation <i>House work</i>	Where Residing if not at place of death <i>Oxon Hill Md</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Charley Henson</i>				
Father's Name <i>—</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>Samuel Henson</i>	How related to deceased <i>Aunt</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>5 months</i>
Immediate <i>Asthma</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo M. Parker M.D.</i>
<i>Yes</i>	Address <i>Oxon Hill Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Trecia Nichols

Died at ^{Town} Near Forestville ^{County} Prince George MARYLAND

Date 19 06 ^{Month} May ^{Day} 29 | Age 29 | Y. M. D. | Native of | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living one

Husband of Aaron Nichols

Wife

Father's Name | Mother's Maiden Name

Cause of Death { Primary Old Age | Immediate Paralysis }

How long sick 1 day

154

Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Under taker

Forestville

md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

CERTIFICATE OF DEATH

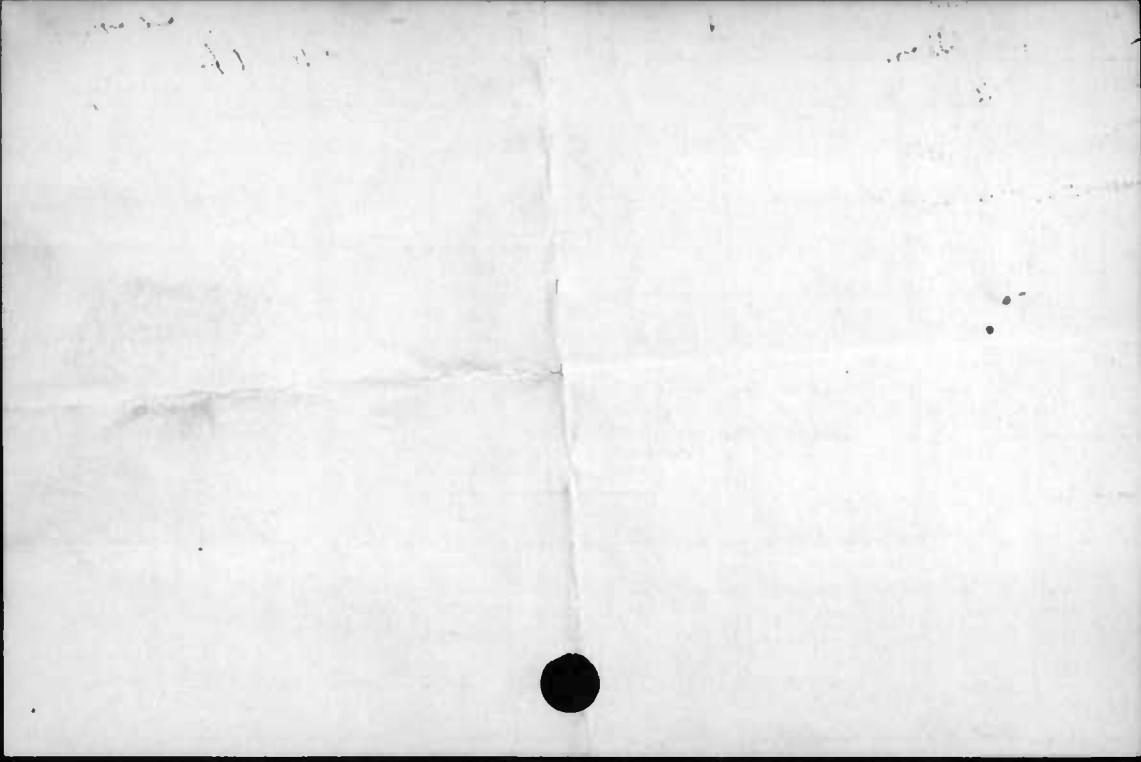
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Callington</i> ^{Town}		<i>P. G.</i> County		MARYLAND	
Date of death <i>1906</i>	<i>May</i> Month	<i>12</i> Day	<i>13</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>P. G. Co. Md.</i>		
Occupation <i>Nothing</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Waddy Owens</i>	Father's Birthplace <i>P. G. Co. Md.</i>		Mother's Birthplace <i>P. G. Co. Md.</i>		
Mother's Maiden Name <i>Adyia Browne</i>	Name of person giving information <i>Chas. Welles</i>		How related to deceased <i>Wife's Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phtisis Pulmonalis</i>	How long <i>8 months</i>
Immediate <i>As Phthisis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. D. Wall M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

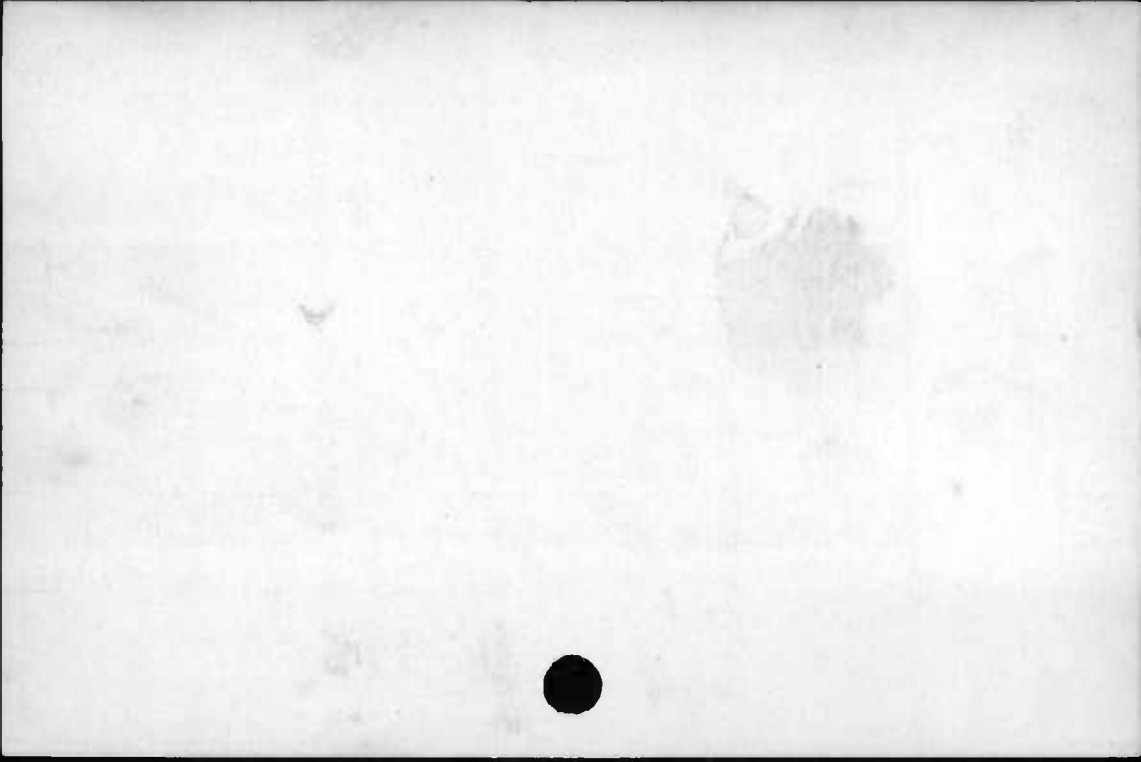
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Stephen Edwards Perry</i>		Town <i>Marlboro.</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Marlboro.</i>		Month <i>May</i>		Day <i>15</i>		Years <i>17</i>	
Date of death <i>1906</i>		Months <i>7</i>		Days <i>17</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>P. G. Md</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Stephen Perry</i>		Father's Birthplace <i>P. G. Md</i>					
Mother's Maiden Name <i>Helcher</i>		Mother's Birthplace <i>P. G. Md</i>					
Name of person giving information <i>Stephen Perry</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>10 wks</i>
Immediate <i>Perforation bowels</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. J. Griffith</i>
	Address <i>Upper Marlboro Md</i>
Accident or Suicide? <i>Saw the patient only twice.</i>	



Name
in
Full

Bernard Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marlboro		County P. Essex		MARYLAND	
Date of death		Month		Day		Years	
1906		5		29		Age	
Sex		Color or Race		Birth-place		Months	
male		white		Md.		7	
Occupation		Where Residing if not at place of death				Days	
						15	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Shelby Phillips		Father's Birthplace		Washington	
Mother's Maiden Name		Clara V. Stewart		Mother's Birthplace		Washington	
Name of person giving information		Shelby Phillips		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Malformation	How long	Since birth
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Reverdy Sasser
		Address	Upper Marlboro Md
Accident or Suicide?			



Name
in
Full

Frank Powell

CERTIFICATE OF DEATH

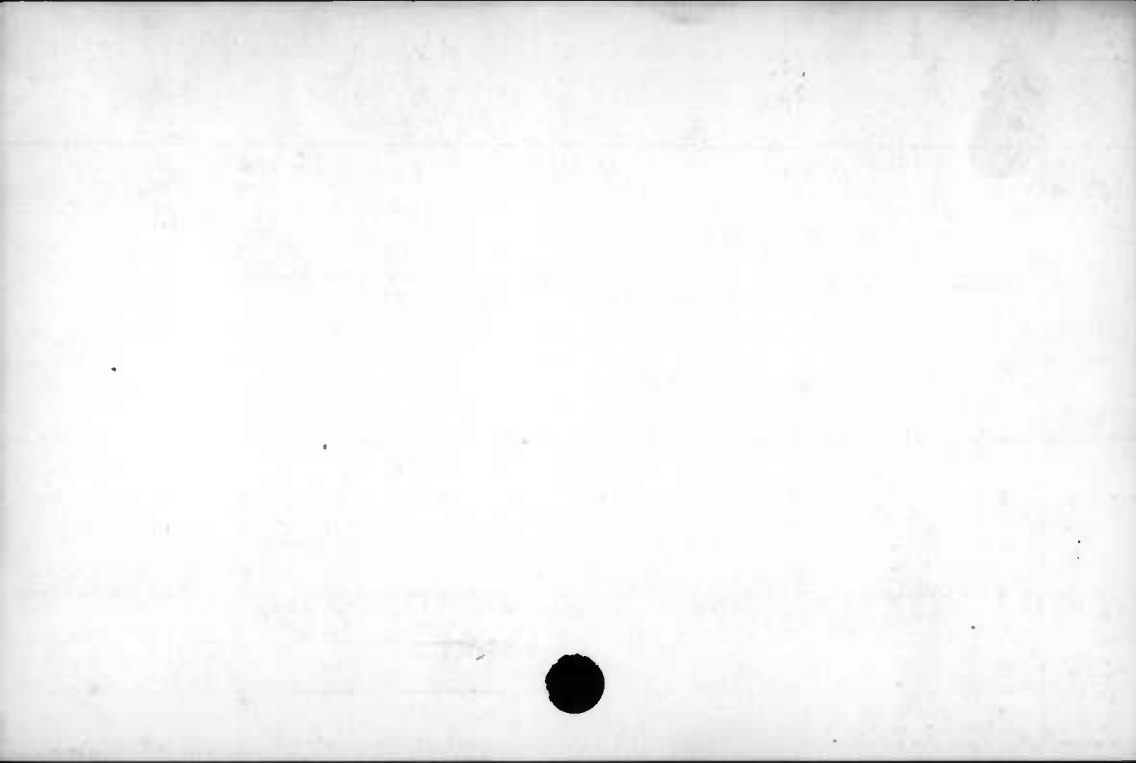
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mitchellville		County Prince Geo.		MARYLAND	
Date of death		1906	Month May	Day 31	Years 33	Months 6	Days —
Sex male		Color or Race Colored		Birth- place Maryland			
Occupation Farm Laborer				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Sarah White					
Father's Name Isaac Powell		Father's Birthplace Maryland					
Mother's Maiden Name Margaret Herbert		Mother's Birthplace Maryland					
Name of person giving Information Isaac Powell		How related to deceased Father					

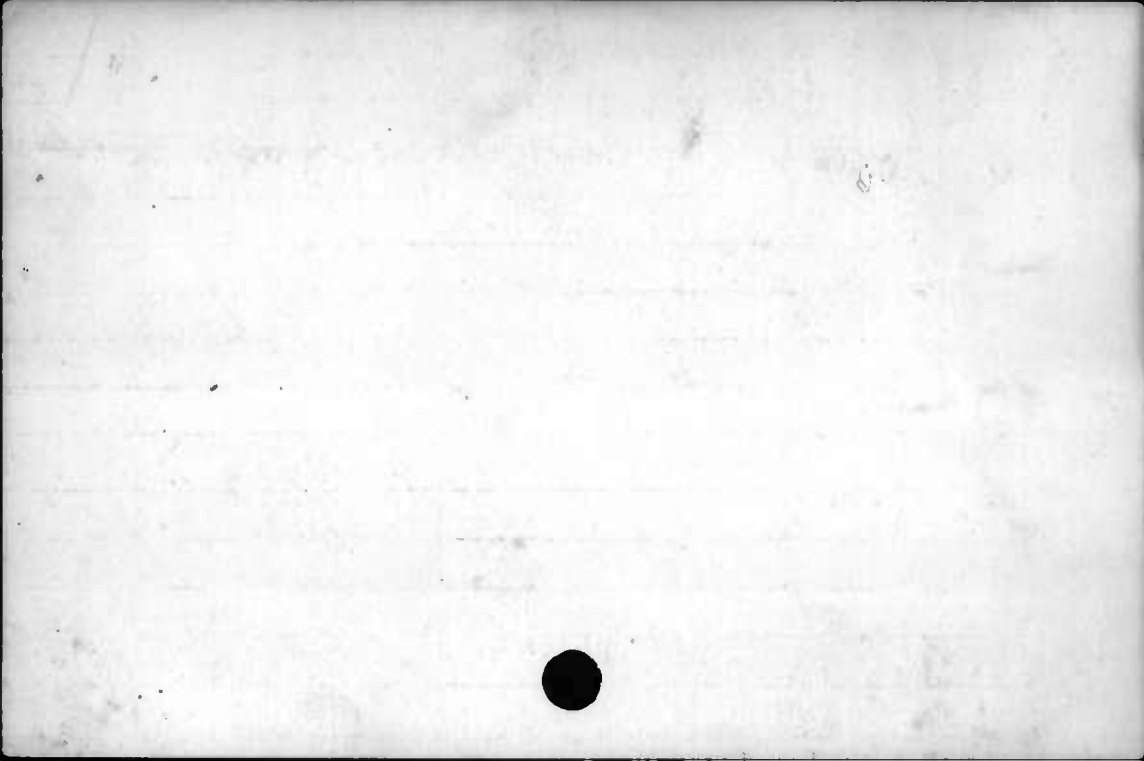
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	2 years.
Immediate	Asphyxia	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. A. R. Walker	
Address		Halls, Ind.	
Accident or Suicide?		—	



Name in Full		Edward Reed				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hyattsville		P. D.		MARYLAND	
	Date of death	1906	Month May	Day 7	Age 15	Years	Months Days
	Sex	Male		Color or Race Black		Birth-place M.D.	
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	La Grippe			How long About 2 weeks		
	Immediate	Bronchitis			How long about 3 months		
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			V. L. Perry			
	Address			Hyattsville M.D.			
Accident or Suicide?							



Name in Full		Robinson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Albion House P. O.		TOWN COUNTY		
		Date of death		1906	Month	3	Day	17
		Age		Years		Months		
		Sex		male	Color or Race		Colored	Birth-place
		Occupation		none	Where Residing if not at place of death		Md	
Married, Single or Widowed		Single	Name of Wife or Husband					
Father's Name		Illegitimate S.		Father's Birthplace		Md.		
Mother's Maiden Name		Elizabeth Robinson		Mother's Birthplace		Md		
Name of person giving information		Gunnel Allen		How related to deceased		none		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Difficult Labor		How long 12 hrs		
		Immediate		Still born		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				Address		J. S. Samsbury Frostville Md		
Accident or Suicide?								



Name
in
Full


CERTIFICATE OF DEATH

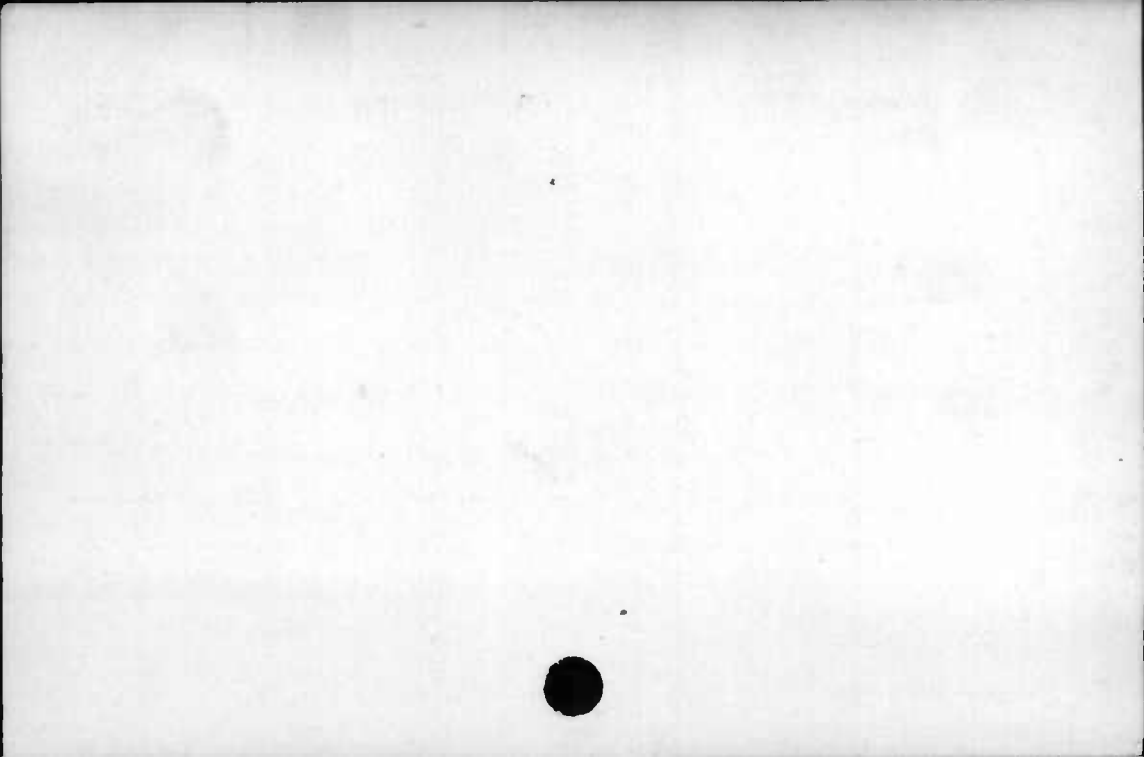
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wearbro</i> ^{Town}		<i>A Geo</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>26</i>	Years <i>23</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>P.R. Co Md.</i>			
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Thos H. Sheehels</i>	Father's Birthplace <i>A. A. G. York</i>				
Mother's Maiden Name <i>Mary Hall</i>	Mother's Birthplace <i>A Geo. Co.</i>				
Name of person giving information <i>Hamilton Hall</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> 	How long <i>1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Griffith</i>
	Address <i>Upper Wearbro Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *James F. Ledgwick's*
Town *Mareboro.*County *R. Geo*Date of death *1906 May 11*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*Black*Birth-
place*R. Geo. Co. Md*

Occupation

Where Residing If not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Alice Jackson*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*W. F. Ledgwick*How related
to deceased*Brother.*

CAUSES OF DEATH

Primary

Bright's disease

How long

2 yrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. D. Giffen
Upper Marlboro Md

Accident or Suicide?



Name
in
FullCharles W. Singleton
Town
Munckin
County
Prue Geo

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1906 May 13 Age 10
Sex male Color or Race black Birth-place Md
Occupation man Where Residing if not at place of death —

Married, Single
or Widowed —Name of Wife or
Husband —Father's
Name

Wm Singleton

Father's
Birthplace

Pa

Mother's
Maiden Name

Julia Tibbs

Mother's
Birthplace

Md

Name of person giving
In formation

Wm Singleton

How related
to deceased

father

CAUSES OF DEATH

Primary

Meningitis
Exhaustion

How long

10 days

Immediate

How long

—

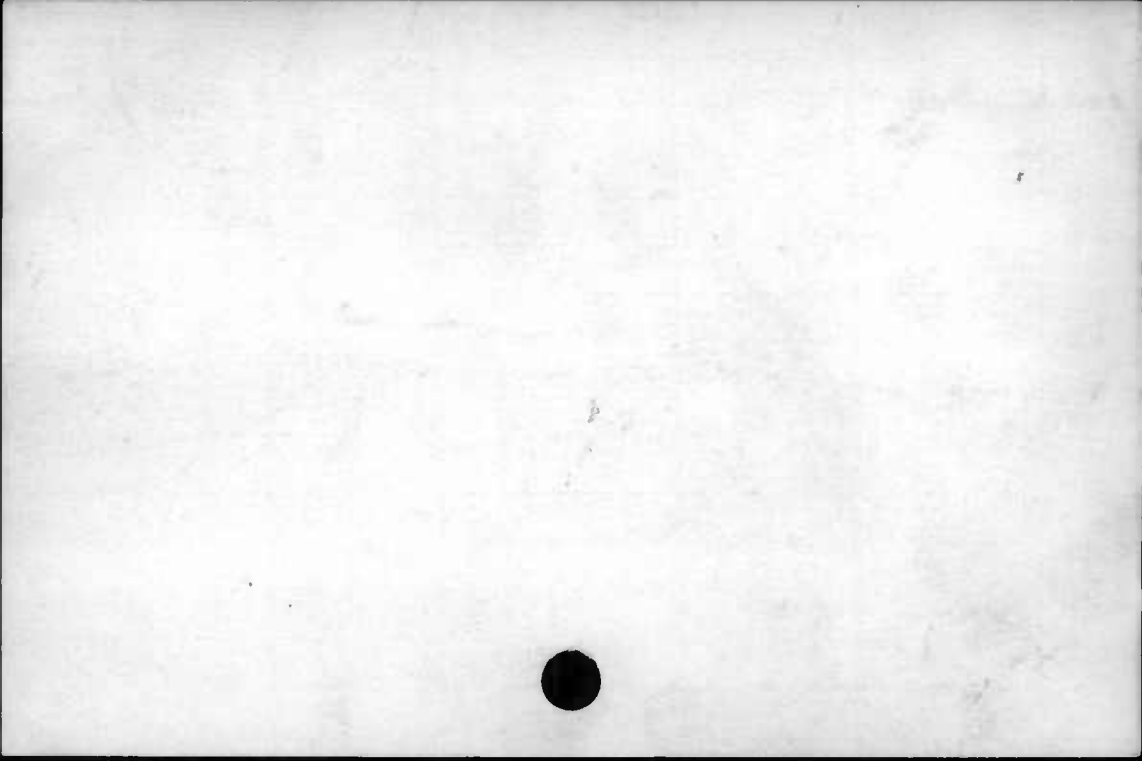
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianW. F. Taylor
Address Laurel Hill

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oxon Hill</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>8</i>	Age <i>57</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>House work</i>	Where Residing if not at place of death <i>Oxon Hill Md</i>				
<input checked="" type="checkbox"/> Married; <input type="checkbox"/> Single		Name of Wife or Husband			
<input checked="" type="checkbox"/> Widowed					
Father's Name <i>Jennations Steward</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Charlotte Dorsey</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Samuel Henderson</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthmatic Bronchitis</i>	How long <i>1 year</i>
Immediate <i>Asthma</i>	How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. M. Parker M.D.</i>
<i>Yes</i>	Address <i>Oxon Hill Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Rosa Stewart

Town

County

MARYLAND

Died at

Seat Pleasant P.D.

Date

of death 1906

Month

5-

Day

19

Age

Years

5-6

Months

—

Days

—

Sex

Female

Color or
Race

Colored

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Robert Stewart

Father's
Name

John Brown

Father's
Birthplace

Md.

Mother's
 Maiden Name

Not known

Mother's
 Birthplace

—

Name of person giving
In formation

Alex Miles

How related
to deceased

Son

CAUSES OF DEATH

Primary

Erysipalis

How long

1 WEEK

Immediate

Septicaemia

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

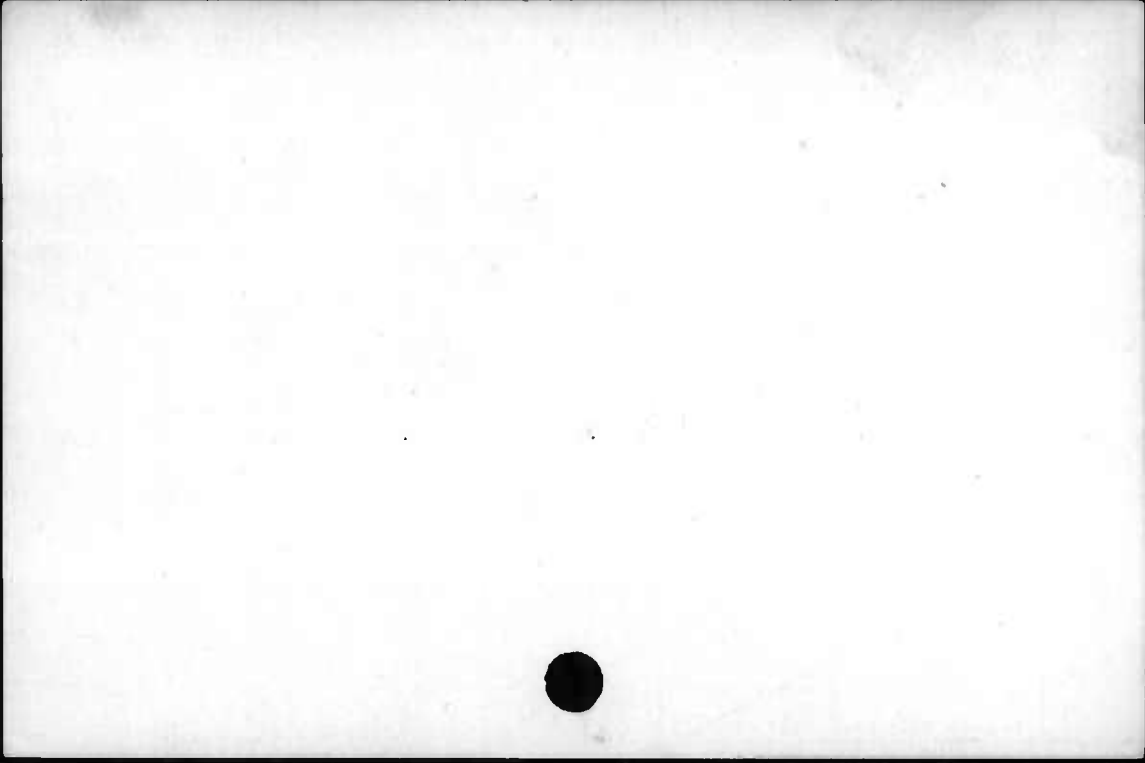
Address

J. Sansbury
Forestville
Md.

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Allen Shuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

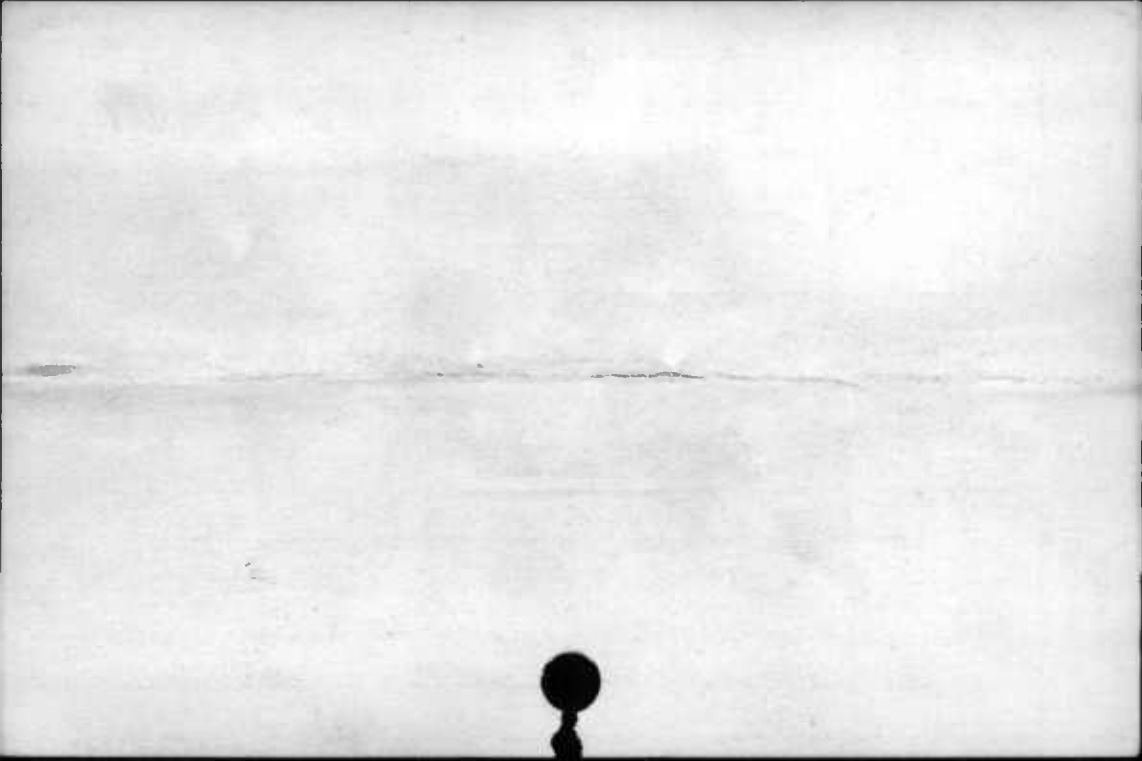
MARYLAND

Died at <u>same</u> Town		County <u>Prue</u>			
Date of death <u>1906</u>	Month <u>May</u>	Day <u>31st</u>	Age <u>41</u>	Months <u>n</u>	Days <u>xx</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Rock Island</u>		
Occupation <u>Black Smith</u>	Where Residing if not at place of death <u>same</u>				
Married, Single or Widowed <u>yes</u>	Name of Wife or Husband <u>Emma Shuster</u>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>Emma Shuster</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Lues</u>	How long <u>57 years</u>
Immediate <u>not-determined</u>	How long <u>suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W.F. Taylor</u>
	Address <u>Laurel Md</u>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Hyattsville</i>		Town <i>P. George</i>		County	
Date of death <i>1906</i>		Month <i>May</i>	Day <i>5</i>	Age <i>58</i>	Years <i>8</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>West Va. HCC</i>	Months <i>0</i>
Occupation <i>Pharmacist</i>		Where Residing If not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie V. Tennant</i>			
Father's Name <i>John Tennant</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Margaret Cassidy</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Annie V. Tennant</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lung</i>	How long <i>4 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. W. H. Waterworth</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>Neither</i>	

Alexander Tennant
Aged 58 years

Name

in

Full

CERTIFICATE OF DEATH

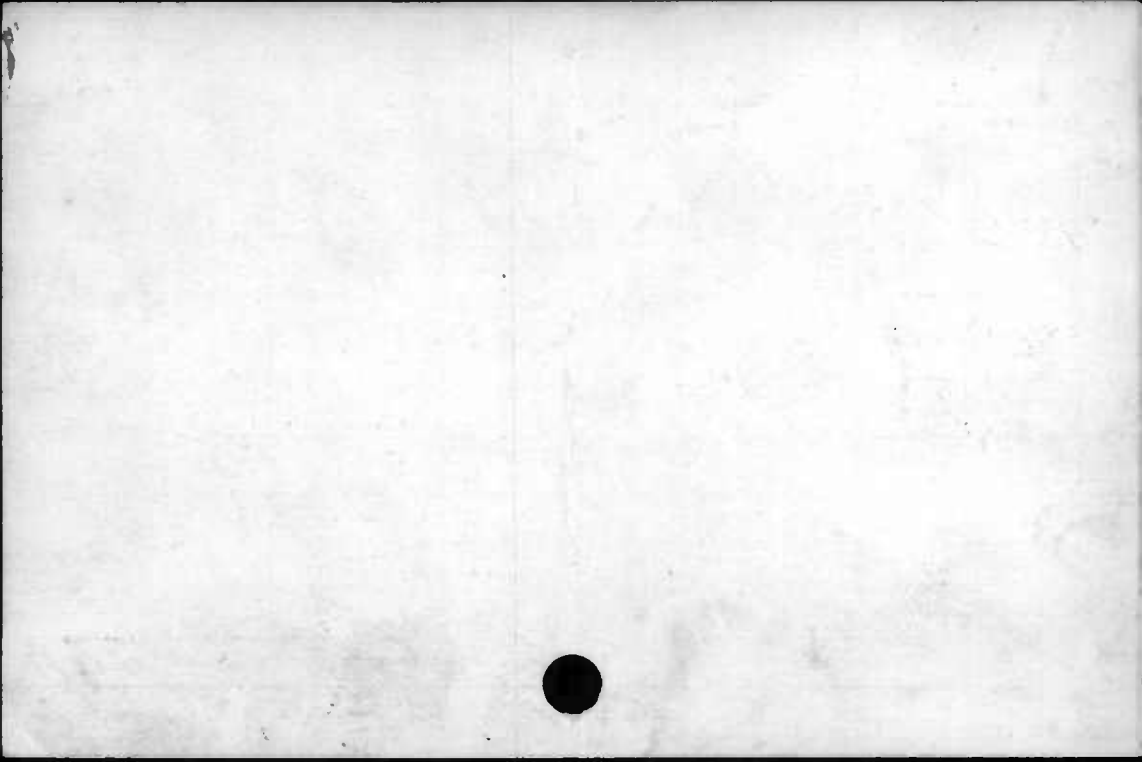
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swittland</i> ^{Town}		<i>P. O.</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>May</i>	Day	<i>13</i>
Age		Years		Months	Days
Sex	<i>male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>md</i>
Occupation		<i>none</i>			
Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed	<i>single</i>				
Name of Wife or Husband	<i>—</i>				
Father's Name	<i>James Whitney</i>		Father's Birthplace	<i>md</i>	
Mother's Maiden Name	<i>Maggie Baker</i>		Mother's Birthplace	<i>Wash - D.C.</i>	
Name of person giving information	<i>James Whitney</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>7 mo</i>
Immediate	<i>Still born</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. E. Laysbury</i>
		Address	<i>Greenville</i>
			<i>md</i>
Accident or Suicide?			



Name
in Full

Chas M. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bowie</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	1906	Month	May	Day	29
Age		one year		Months	5
Sex	Male	Color or Race	Black	Birth-place	Bowie
Occupation		Where Residing if not at place of death			
Infant Name					
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas. E. Williams			Father's Birthplace	Prince George Md
Mother's Maiden Name	Charlotte Hulet			Mother's Birthplace	Bowie Md
Name of person giving information	Chas. E. Williams			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	6 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Duvall M.D.	
		Address	
		Springfield Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		May	11	33			
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Occupation	R.R. Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Richard Williams				Father's Birthplace	Maryland	
Mother's Maiden Name	Jane Boyd				Mother's Birthplace	Maryland	
Name of person giving information	Richard Williams				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	3 weeks
Immediate	Asthenia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. A. R. Walker
		Address	Halls, Md.
Accident or Suicide?	—		

